

DCYF HIGHER EDUCATION OPPORTUNITY INCENTIVE GRANT

APPLICATION

Date of Application: _____

Name: _____

Date of Birth: _____

Social Security Number: _____

Does Applicant currently reside in a Foster Home? Yes _____ No _____

or Program? Yes _____ No _____

Program Name: _____

Program Contact/#: _____

Current Address: _____

Telephone Number : _____ **Date entered DCYF Care** _____

DCYF Worker: _____ **Telephone Number** _____

Current School: _____ **Grade:** _____

College / University Applying to: _____

Has youth:

- **Submitted an Application to the College / University? Yes _____ No _____**
- **Received an Acceptance letter? Yes (please attach copy) _____ No _____**
- **Submitted a Financial Aid Form? Yes (please attach copy) _____ No _____**
- **Received a Financial Aid Award? Yes (please attach copy) _____ No _____**

For Committee use only:

Date: _____

Amount required: _____

Amount Awarded: _____

